VC-4 Rev (8/99)

AUTHORIZATION FOR VETERAN'S DISABILITY RECORD

Monroe County Department of Human Resources
210 County Office Building
39 West Main Street
Rochester, NY 14614

SECTION I - APPLICANT MUST COMPLETE SECTION I. (Type or print in ink) FORWARD TO REGIONAL OFFICE OF VETERAN'S ADMINISTRATION WHERE DISABILITY CLAIM IS NOW ON FILE.

Date ______________________

TO: Manager
Veteran's Administration
________________, New York.

I hereby authorize you to furnish the Monroe County Civil Service Commission with my medical and disability record. You are released from all liability in complying with this request. It is understood that all information furnished will be treated as confidential.

Veteran's Signature: ____

Name (print): ____
(First) (Middle) (Last)

Address: ____
(Number and Street) (City or Town) (State)

Veteran's Administration Claim No. ____

Service Serial No. ____

Examination or eligible list for which preference is claimed:

Exam No. ________________________ Title: ______________________________________

- -

DO NOT DETACH

SECTION II - TO BE FILLED OUT BY THE VETERAN'S ADMINISTRATION.

Retain one copy and forward duplicate to:

Monroe County Civil Service Commission
210 County Office Building
39 West Main Street
Rochester, NY 14614

Date ____________________________

V.A. Claim No. ____________________

1. Does the above veteran have a war-incurred disability now in existence: _____

2. Is he/she receiving disability payments from the V.A. for such disability: _____

3. State percentage of war-incurred disability now in existence. _____

4. Description of such disability: _____

_____

_____

5. Date of last medical examination by the VA Medical Officer in connection with such disability: _____

IF THE DATE IN ANSWER TO QUESTION 5 IS LESS THAN ONE YEAR AGO, DO NOT ANSWER THE FOLLOWING QUESTIONS:

6. Does the VA state affirmatively that a permanent stabilized condition of disability exists to an extent of 10% or more, notwithstanding the fact that such claimant has not been examined by a Medical Officer of the VA within one Year?

_____
(Yes) or (No)

7. Date of next scheduled medical examination by the VA _____

8. REMARKS: _____

_____

_____

_____
Officer's Signature

_____
Regional VA Office